

315 281 4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 610 E. 12th Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD
 2010 JUL 13 AM 7:44

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall For Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tracey J Marshall

Political Party (If applicable)

Republican

Office Sought

Cass County Treasurer

District (If Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Tracey J Marshall
 SIGNATURE OF PERSON FILING REPORT

7127890017
 TELEPHONE

7-12-2010
 DATE SIGNED

I AM FILING A July 19, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 2, 2010

County & Local Committees, enter County in
 which Election is held
 Cass

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 245.72

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

470.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 715.72

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

675.67

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$ 40.05

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 27.24

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

**SCHEDULE****A**

(Rev. 07/03)

MONEY RECEIPTS**CHECK THIS BOX IF
AMENDING FORM****COMMITTEE NAME (Must be same as on Statement of Organization)**

Marshall for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6-3-10	ID# CK#	James Tyler 1828 Bryn Mawr Cir Atlantic, IA 50022	n/a	\$100.00	<input type="checkbox"/>
6-3-10	ID# CK# n/a	Robert Camblin 703 Locust St Atlantic, IA 50022	n/a	100.00	<input type="checkbox"/>
6-4-10	ID# CK#	Chuck Miller 68343 Scott St Griswold, IA 51535	n/a	50.00	<input type="checkbox"/>
6-4-10	ID# CK# n/a	Tracey J Marshall 1606 Oak St Atlantic, IA 50022	n/a	200.00	<input type="checkbox"/>
6-4-10	ID# CK#	Kathy Govic 57706 Quincy Rd Lewis, IA 51544	n/a	20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 470.00

TOTAL (If last page of this schedule)

\$ 470.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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05/21/2010	ID# CK# 1014	KSOM 413 Chestnut Atlantic, IA 50022	n/a	\$345.00	<input type="checkbox"/>
06/2/2010	ID# CK# 1015	Griswold American 508 Main St Griswold, IA 51535	n/a	63.00	<input type="checkbox"/>
06/04/2010	ID# CK# 1016	Choice Printing 414 Walnut St Atlantic, IA 50022	n/a	45.48	<input type="checkbox"/>
06/04/2010	ID# CK# 1017	Anita Tribune 850 Main Anita, IA 50020	n/a	77.00	<input type="checkbox"/>
06/15/2010	ID# CK# 1018	Nishna Valley Credit Union 200 Maple St Atlantic, IA 50022	n/a	50.00	<input type="checkbox"/>
06/23/2010	ID# CK# 1019	Atlantic News Telegraph 410 Walnut St Atlantic, IA 50022	n/a	25.00	<input type="checkbox"/>
06/28/2010	ID# CK# 1020	Griswold American 508 Main St Griswold, IA 51535	n/a	11.25	<input type="checkbox"/>
07/10/2010	ID# CK# 1021	Anita Tribune 850 Main St Anita, IA 50020	n/a	52.25	<input type="checkbox"/>
6-6-10	ID# CK# N/A	Rolling Hills Bank 7th St Atlantic IA 50022	N/A	3.21	<input type="checkbox"/>
7-5-10	ID# CK# N/A	Rolling Hills Bank 7th St Atlantic IA 50022	N/A	3.21	<input type="checkbox"/>

SUB-TOTAL

\$675.67

TOTAL (If last page of this schedule)

\$675.67

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

SCHEDULE
E
(Rev. 08/87)IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/19/2010	Atlantic Library Poplar st Atlantic, IA 50022	candidate	8.00	\$	<input type="checkbox"/>
07/08/2010	Walmart Atlantic, IA 50022	candidate	15.24		<input type="checkbox"/>
7-12-2010	Atlantic Library Atlantic IA 50022	Candidate	4.00		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$
27.24TOTAL (If last
page of this
schedule)\$
27.24

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)